

**COMMONWEALTH OF KENTUCKY**  
**Department of Insurance • P. O. Box 517 • Frankfort, KY 40602-0517**  
**502-564-6082 • FAX 502-564-4604**

**APPLICATION FOR REGISTRATION FOR MOTOR VEHICLE SERVICE CONTRACT PROVIDERS.**  
**(AUTO) - PER 806 KAR 5:050**

**Company Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

**Federal I.D. No.:** \_\_\_\_\_

**Certification and Attestation**

The officer of this company, being duly sworn, does depose and attest to the following, on behalf of the company that according to the best of my information, knowledge, and belief:

- (1) the statement of financial condition provided is true and accurate; and
- (2) the attached service contracts, insurance policies, and any other items, exhibits, and explanations are accurate and true in all material respects.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name & Title

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn before me on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**GENERAL INFORMATION:**

A. The qualifications for registration are the following:

- 1) The Service Contract Provider shall maintain a reimbursement insurance policy that assures performance of the duties of the service contract provider for all service contracts issued in Kentucky.
- 2) The Service Contract Provider shall maintain a reimbursement insurance policy that assures performance of the duties of the provider for all services contract, shall not be terminated unless at least 60 days prior written is given to the Department (Commissioner) and shall state the holder of the service contract shall be entitled to make a direct claim against the insurer upon the failure of the maker to pay any claim within 60 days after the claim has been filed with the provider. Please provide a copy of the insurance policy.
- 3) The Service Contract Provider shall provide an annual statement of financial condition. Please provide a copy of either of the following: copy of annual report, 10K or 20F filed with the Securities and Exchange Commissioner, or an audited financial statement prepared under GAAP.

B. Each service contract shall conspicuously state the name and address of the provider of the service contract. If the provider has an insurance contract, the name and address of the authorized underwriting insurer issuing the reimbursement policy must be stated and shall state that the holder of the service contract shall be entitled to make a direct claim against the insurer upon the failure of the service provider to pay any claim within 60 days after the claim has been filed with the provider. Please provide a specimen copy of each type of service contract being offered.

C. Registration of service contracts shall be renewed on or before March 1 of each year.

D. There is a \$25 filing fee for the registration or renewal filing. Checks must be made out to the "Kentucky State Treasurer."

E. The registration form or annual renewal with all supporting documents must be forwarded to the Financial Standards and Examination Division at the above address.